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Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

The organization may have to use a copy of this return to satisfy state reporting requirements

(except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Form **990**

TEEA0112L 12/22/08

Department of the Treasury Internal Revenue Service

For the 2008 calendar year, or tax year beginning 2008, and ending D Employer Identification Number Check if applicable Please use IRS label STEWARDSHIP ENDOWMENT FUND 36-4629406 Address change or print or type See 7601 E. Shea Boulevard E Telephone number Name change Scottsdale, AZ 85260 480-524-7200 specific Instruc-Initial return Termination 0. Amended return G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates? X No Application pending Yes H(b) Are all affiliates included? Same As C Above ENVELOPE POSTWARK DATE JUL If No attach a list (see instructions) Tax-exempt status |X| 501(c) (3) 4947(a)(1) or 527) ◀ (insert no) Website: ► H(c) Group exemption number 2007 X Corporation L Year of Formation M State of legal domicile Type of organization Association Part I Summary Briefly describe the organization's mission or most significant activities Supporting organization for another <u>501(c)(3)_organization._</u> Governance if the organization discontinued its operations or disposed of more than 25% of its assets Check this box ► Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 5 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7 a 7 b Ō. **b** Net unrelated business taxable income from Form 990-T. line 34 SCANNED AUG 1 2 2010 **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 508,000. Part IX, column (A), lines 11a-11d, 11f-24f) dd lines 13-17 (must egual Part IX, column (A), line 25) 508,000. Revenue less expenses Subtract line 18 from line 12 -508,000. JUL 26 2010 Beginning of Year End of Year Total assets (Part X, mine 16) 20 31,197,667 30,689,667. X, line 26) 0 0. hces Subtract line 21 from line 20 31,197,667. 30,689,667. Part II Signature Block of my knowledge and belief it is Sign Here Preparer's identifying number (see instructions) Check if self Paid 7:20.201 Preparer s signature Preparer's ROMEK SANDERS & CO. Firm's name (or yours if self employed) Use 1757 E BASELINE RD STE 86-0649284 Only GILBERT, AZ 85233-1533 820-5041 May the IRS discuss this return with the preparer shown above? (see instructions) Yes

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	990 (2008) STEWARDSHIP ENDOWMENT FUND	36-4629406	Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission		
	Supporting organization for another 501(c)(3) organization.		
2	Did the organization undertake any significant program services during the year which were not listed on		_
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O		٦
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes X	No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expenses Section 501;	(c)(3) total
	expenses, and revenue, if any, for each program service reported	a anocations to others, the	total
4.	(Code Figure 5 FOR OOD probation greats of 6	Davanua Č	
46	(Code (Code (Expenses \$ 508,000) including grants of \$) (To operate as a support organization for another 501(c)(3) entity	Revenue 3	
	10 operace as a support organization for another surfer (3) energy		
		-	
			
	हरान्त्र (१४०)		
41	(Code (Code (Expenses \$)) (Expenses \$) (Revenue \$)
			
			
		-	
		(D	
4 0	(Code	revenue \$)
		-	
4	d Other program services (Describe in Schedule O)		
7,	(Expenses \$ Including grants of \$) (Revenue \$	5	
4	e Total program service expenses ► \$ 508,000. (Must equal Part IX. Line 25, column (
	T		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Χ
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Χ	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Χ
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18		18		X
19		19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	_	X
21		21		$\frac{\Lambda}{X}$
	Did the organization report more than \$5,000 on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5° If 'Yes,' complete			
	Schedule J	23		_X_
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L. Part II	26		Х
27	contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
3 A A			- 000	12000

Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer director trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes' complete Schedule L, Part IV Χ 28a b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV 28b Х c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV Χ 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Χ contributions? If 'Yes,' complete Schedule M Did the organization liquidate terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R Part V, line 2 35 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R. Part V. line 2 36 Χ

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

treated as a partnership for federal income tax purposes? If 'Yes.' complete Schedule R, Part VI

37

			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b 0			-
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			ĺ
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule Q	3 b		<u> </u>
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	If 'Yes,' enter the name of the foreign country	ŕ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		. ,	١٠,
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
С	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6 a	Did the organization solicit any contributions that were not tax deductible?	6 a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75°	7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	J. 1	[; }	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	٠.	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	2.		
	Did the organization make any taxable distributions under section 4966?	9 a] .	
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter	4,5	١.,	, "
а	Initiation fees and capital contributions included on Part VIII, line 12	1	ľ .	1
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	",		1
11	Section 501(c)(12) organizations. Enter	;	١٠,	77
	Gross income from other members or shareholders 11a		3	,
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
_	of 'Yes' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>	. 000	<u>', '</u>
BAA		Forn	1 990	(2008

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Governing Body and Management

<u> </u>	tion A. Governing body and management				
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, processes, or changes in Schedule O See instructions	describe the circumstances,	7	Yes	No
1 a	Enter the number of voting members of the governing body	1a 5	. '~	, <i>,</i>	,
	Enter the number of voting members that are independent	1b 5	ı	- 52	ı
	Did any officer, director, trustee, or key employee have a family relationship or a business rofficer, director, trustee or key employee?	·	2		Х
3	Did the organization delegate control over management duties customarily performed by or	under the direct supervision	3		X
4	of officers, directors or trustees, or key employees to a management company or other personal the organization make any significant changes to its organizational documents	SOIT	4		X
7	since the prior Form 990 was filed?		-		
5	Did the organization become aware during the year of a material diversion of the organizati	on's assats?	5		Х
6	Does the organization have members or stockholders?	ons assets.	6		X
7.			-		
	Does the organization have members, stockholders, or other persons who may elect one or governing body?		7 a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or	•	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions und the following	dertaken during the year by	. ·	,	•
	The governing body?		8a	X	
t	Each committee with authority to act on behalf of the governing body?		8ь		_X
9 a	Does the organization have local chapters, branches, or affiliates?		9 a		_X
t	If 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was file describe in Schedule O the process, if any, the organization uses to review the Form 990	ed? All organizations must See Schedule O	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who corganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	annot be reached at the	11		X
Sec	tion B. Policies				
				Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Χ	
Ł	Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts?	s that could give rise	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the particle of the schedule of the sched	oolicy? If 'Yes,' describe in	12 c	Х	
13	Does the organization have a written whistleblower policy?		13	Χ	
14	Does the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review an persons, comparability data, and contemporaneous substantiation of the deliberation and d	d approval by independent ecision		((3 %) (,4)	,
a	The organization's CEO, Executive Director, or top management official?		15 a		X
t	Other officers of key employees of the organization?		15b		X
	Describe the process in Schedule O (see instructions)			~·	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similal entity during the year?	ar arrangement with a taxable	16a		X
t	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safegual	on to evaluate its participation	, ,	, ,	:
	status with respect to such arrangements?	9	16Ь		
Sec	tion C. Disclosures				
17	List the states with which a copy of this Form 990 is required to be filed \rightarrow \underline{AZ}	. 			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, inspection. Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) a	vaılab	le for	public
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing doct statements available to the public See Schedule O	uments, conflict of interest pol	ісу, а	nd fina	ancial
	State the name, physical address, and telephone number of the person who possesses the Scottsdale Bible Church 7601 E. Shea Boulevard Scottsdal				
BAA			Form	990	(2008)

BAA

Form 990 (2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did no (A)	(B)			(((D)	(E)	(F)	
Name and Title	Average hours	I .	tion (all t	hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations	
Ed Grant		7						0.	0.	0	
Director	1	X			-			<u> </u>	0.	0.	
Tom Thompson Vice President	1			Х				0.	0.	0.	
Mark Upton	<u> </u>										
Treasurer	1			Х				0.	0.	0.	
Ray Manning											
Secretary	1			Х				0.	0.	0.	
Robert Cain					ļ						
President	1		<u> </u>	Χ	_			0.	0.	0.	
		1							_		
	-										
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			<u></u>								
	-										

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Part VII Section A. Officers, Directors, Trus	(B)	(ey	<u> </u>		c)	сэ,	aiii	(D)	(E)	(F)	
Name and Title	Average	e Position (check all that a						Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of othe compensation from the organization and related organizations	1
				_							
1 b Total							_	0.	0		0
2 Total number of individuals (including those in 1a) organization ► 0	who rec	eive	d m	ore	thar	1 \$1	00,0	00 in reportable o	compensation from	the	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if For any individual listed on line 1a, is the sum of realization. 	ndıvıdua	al	_		-				-	Yes 3	No X
the organization and related organizations greater individual	han \$15	50,00)0 ²	If 'Y	es'	com	plet	e Schedule J for	such	4	X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	ompens hedule .	satio J for	n fr	om :h p	any ersc	unr ก	elate	ed organization fo	r services	5	Х
Section B. Independent Contractors 1 Complete this table for your five highest compensa	ted inde	pen	den	t co	ntra	ctor	s tha	at received more	than \$100,000 of		
compensation from the organization										(0)	
Name and business addres	ss							Description	of Services	(C) Compensation	1
2. Total number of independent contractors (including	thosa	n 1\	طبير			od -		than \$100 000 :-			
2 Total number of independent contractors (including compensation from the organization > 0	uiose I		wn	الع) ر	CEIV	eur		i inali pivo,vvo II		,	

	<u>t Vill </u>	Statement of Re	venue.		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Me c Fur d Re e Gov f All c sim g Non	derated campaigns embership dues indraising events lated organizations reriment grants (contribution other contributions, gifts, gillar amounts not included in tal. Add lines 1a-1f	rants, and above 1 f	D				
PROGRAM SERVICE REVENUE	2a b c d e f All	other program servic tal. Add lines 2a-2f	e revenue	Business Code		100 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
OTHER REVENUE	oth 4 Inc 5 Ro 6a Gro b Les c Ren	vestment income (incliner similar amounts) come from investmently alties oss Rents ss rental expenses tital income or (loss)	t of tax-exempt t	•				
	7 a Groass b Les and c Ga	ass amount from sales of ets other than inventory as cost or other basis disales expenses aim or (loss)	(i) Securities	(II) Other				
	(nd of Se b Les	oss income from function function (s) contributions reported the Part IV, line 18 ss direct expenses at income or (loss) from the part of the part IV.	d on line 1c) a b	rents ►				
	b Le: c Ne	oss income from game Part IV, line 19 ss direct expenses at income or (loss) from the cost sales of inventory	b m gaming activit			en hand some at	A Company of the Comp	
	b Les	d allowances ss cost of goods solo et income or (loss) fro Miscellaneous Reven	a b m sales of inven				1, 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
	bc c d All e To	other revenue	d					
	12 To	otal Revenue. Add line ic, and 11e	es 1h, 2g, 3, 4, 5	, 6d, 7d, 8c, 9c,	. 0.	0.	0.	0.

Part IX | Statement of Functional Expenses

	Section 501(c)(3 All other organizations must comp	· · · · · · · · · · · · · · · · · · ·	ations must complete al e not required to comple		nd (D).
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				- ,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				-, -, ' ' ' '
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non employees)			-	
ā	Management				
	Legal				
	: Accounting	 -			
	Lobbying				
	Prof fundraising svcs See Part IV, In 17		1.5 - 1 - 1 - 1	1 1 1 1 1 1 1	
	Investment management fees				
	1 Other				
	Advertising and promotion				
13	Office expenses				
	·				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	508,000.	508,000.		
23 24	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)			The second second	Section 1
i	aa				
- 1)				
(
	<u></u>				
(•				
1	f All other expenses				
	Total functional expenses Add lines 1 through 24f	508,000.	508,000.	0.	0.
	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	<u>rt X</u>	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	s, trus L	tees, key employees,		5	
	6	Receivables from other disqualified persons (as define	ed und	ler section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	olete F	art II of Schedule L		6	
A S	7	Notes and loans receivable, net				7	
ASSETS	8	Inventories for sale or use				8	
T S	9	Prepaid expenses and deferred charges			12 12	9	
	10 a	Land, buildings, and equipment cost basis	10a	31,240,000.	<u>.</u>		,
		Less accumulated depreciation Complete Part VI of				44	
		Schedule D	10 c	30,689,667.			
	11	Investments — publicly-traded securities	11				
	12	Investments – other securities See Part IV. line 11	12				
	13	Investments – program-related See Part IV, line 11					
	14	Intangible assets		Ì		13 14	
	15	Other assets See Part IV, line 11		Ì	· · · · · · · · · · · · · · · · · · ·	15	
	16	Total assets Add lines 1 through 15 (must equal line	34)		31,197,667.	16	30,689,667.
	17	Accounts payable and accrued expenses	5.1 7.		31/13//00/	17	30700370011
	18	Grants payable			·- ·	18	
	19	Deferred revenue	19				
L	20	Tax-exempt bond liabilities	20				
LIABILIT	21	Escrow account liability Complete Part IV of Schedul		21			
	22	Payables to current and former officers, directors, tru		key employees	*		· · · · · · · · · · · · · · · · · · ·
	22	highest compensated employees, and disqualified pe of Schedule L	the second second	, . 22			
Ë	23	Secured mortgages and notes payable to unrelated the	23				
5			ши ра	ii ties		24	
	24	Unsecured notes and loans payable				25	
	25	Other liabilities Complete Part X of Schedule D			0.	26	0.
	26	Total liabilities. Add lines 17 through 25	₩.		0.	20	<u> </u>
Ĕ		Organizations that follow SFAS 117, check here	A ai	nd complete lines	,	.	
		27 through 29 and lines 33 and 34.			31,197,667.	27	30,689,667.
S	27	Unrestricted net assets			31,191,001.		30,009,007.
Ē T S	28	Temporarily restricted net assets				28	
Q R	29	Permanently restricted net assets				25	ι,
R F		Organizations that do not follow SFAS 117, check he	ere -	and complete	1 7 11 1		, 1
OZO		lines 30 through 34.			, , , , , , , , , , , , , , , , , , , ,	30	1
	30	Capital stock or trust principal, or current funds	1	£ d		31	
Ä	31	Paid-in or capital surplus, or land, building, and equip				32	
Ā	32	Retained earnings, endowment, accumulated income	, or ot	ner tunas	21 107 667		20 600 667
BALAZCES	33	Total net assets or fund balances.			31,197,667. 31,197,667.	33 34	30,689,667. 30,689,667.
	ırt X	Total liabilities and net assets/fund balances			31,191,001.	34	30,003,007.
P	irt A	Financial Statements and Reporting					Yes No
	۸.		h	X Accrual	Other		7,
		, ,	Cash				2a X
4		ere the organization's financial statements compiled or	2a X 2b X				
		ere the organization's financial statements audited by a			ty for oversight of the	audit	ZU A
_	rev	Yes' to 2a or 2b, does the organization have a commit riew, or compilation of its financial statements and selections are the committee of the	ection	of an independent acco	ountant?		2c
3	Au	a result of a federal award, was the organization requ dit Act and OMB Circular A-133?			uuits as set forth in the	Singl	3a X
_		Yes,' did the organization undergo the required audit of	or audi	ts ⁷			3b Form 990 (2008)
BA	Α						1 01111 330 (2000)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545 0047

						FUND						_			529406			
Par	t I 🕡	Reas	on f	or Pu	ıblic (Charity Sta	tus	s (All orga	nizations	must o	comple	te this	part)	(see i	instruct	ions)		
he o	orga	nızatıoı	ıs n	ot a pr	ivate f	oundation bed	caus	se it is (Plea	ase check o	nly one	organiza	ation)						
1	Ш	A chur	ch, c	onvent	ion of	churches or a	sso	ciation of ch	urches des	cribed in	section	17 0 (b)	(1)(A)(i)					
2		A scho	ol de	scribe	d in se	ction 170(b)(1	1)(A	(Attach	Schedule	E)								
3		A hosp	oital c	r coop	erative	e hospital serv	vice	organizatio	n described	ın secti	on 170(l	b)(1)(A)(iii). (At	tach Sch	nedule H)		
4		A med	ıcal r	esearc	:h orga	nization opera	ated	d in conjunct	ion with a h	nospital	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	iter the ho	spital's	,
	_			and st				. 								_		
5		170(b)	(1)(A)	(iv). (Compl	d for the bene ete Part II)		_		-	•	-	•	rnmenta	I unit de:	scribed in s	sectio	n
6 7		An ord	aniza	ation th	nat nor	government of mally receives i). (Complete	s a	substantial r						t or fron	n the ger	neral public	desci	rıbed
8						ibed in sectio			/i). (Comple	ete Part 1	1)							
9	\Box			-		ally receives (•	tributions	s. memb	ership fe	es, and o	aross recein	ots	
		from a	ctivitie nent	es relate	ed to it e and i	s éxempt funct unrelated busi ion 509(a)(2).	ións	s – subject to ss taxable in	certain exc	eptions, a	and (2) r	no more !	than 33-	1/3 % of	its suppo	ort from aro	SS	ıfter
10		An org	anıza	ation or	rganize	ed and operati	ed (exclusively t	o test for p	ublic safe	ety See	section	1 509(a)	(4) . (se	e instruc	tions)		
11	X	An org	janıza Sublic	ation or	rganize ported	ed and operations organizations opporting orga	ed e	exclusively f	or the bene section 509(fit of, to (a)(1) or	perform section	the fur 509(a)(2	ictions (of, or ca	rry out th	ne purpose	s of or he box	ne or that
		a [X]				b Type		c	<u> </u>	II – Fund	,		ted		d \square	Type III-	Other	
е	X	By che	cking ounda	this b	oox, I d nanage	ertify that the rs and other t	org	ganization is n one or mor	not control	lled direc	tly or in	directly	by one	or more ed in se	disqualiction 509	fied perso	ons oth	ner
f		` '	organ	ization oox	receiv	ved a written o	dete	ermination fr	om the IRS	that is	a Type I	, Type I	l or Typ	e III sup	porting	organizatio	n,	
g		Since	Augu	st 17, 2	2006, 1	has the organ	ızat	tion accepted	d any gift o	or contrib	oution fro	om any	of the f	ollowing	persons	7		
																	Yes	No
						ctly or indirecting body of the				togethe	r with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		Х
		(ii) a	a fam	ıly mer	mber	of a person de	esci	ribed in (i) a	bove?							11 g (II)	<u> </u>	X
		(in) a	35%	contro	olled e	ntity of a pers	son	described in	ı (ı) or (ıı) a	bove?						11 g (iii)	l	X
h		Provid	e the	follow	ıng ınf	ormation abou	ut th	he organizat	ions the org	ganizatio	n suppo	rts			· · · · ·			
	(1	Name o Orgar	f Suppo nization	orted		(II) EIN		(iii) Type of a (described of above or l (see instr	on lines 1-9 RC section	organiza (i) liste gove	Is the tion in cold in your erning ment?	the organ	rou notify nization in (i) of upport?	organizat (i) organi	Is the tion in col zed in the S ?	(VII) Amoui	nt of Sup	port
										Yes	No	Yes	No	Yes	No			
Sco	tts	sdale	Bi	ble	thur	ch												
						86-017980	08	501 (c) (3)	X		Х		X				0.
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Γotal							•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		` ' '4	- 1	, ;	7,					0.
Utal	ı					* 1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			14 14 15	1 ^ 1	1	<u> </u>	L	<u> </u>				<u> </u>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 1 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (b) 2005 (d) 2007 (a) 2004 (c) 2006 (e) 2008 (f) Total beginning in) > 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income form unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 % 15 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on li	ne 9 of Part I)								
Sec	tion A. Public Support										
Calen	ıdar year (or fiscal yr beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
1	Gifts, grants contributions and membership fees received (Do not include 'unusual grants ')										
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
7 a	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than										
	disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000										
С	Add lines 7a and 7b					İ					
8	Public support (Subtract line						_				
	7c from line 6)	1.64 2.4	The transfer	111.5	-	* ,- *					
	tion B. Total Support	1				τ ·					
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
	Amounts from line 6										
IUa	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources										
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975										
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on										
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
	Total support. (add Ins 9, 10c 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz		nd, third, fourth,	or fifth tax year a	s a section 501	\				
Sec	tion C. Computation of Pu		ercentage								
	Public support percentage for 20			ne 13, column (f))		1	15 %				
	6 Public support percentage from 2007 Schedule A, Part IV-A, line 27g										
	tion D. Computation of Inv			-	***		•				
17	Investment income percentage f				ımn (f))	1	17 %				
18	Investment income percentage f	•	` '	•	• • •	-	8 %				
	33-1/3 support tests – 2008. If the more than 33-1/3%, check this b	organization did not oox and stop here	check the box on l . The organization	line 14, and line 15 n qualifies as a pi	ublicly supported	organization					
	33-1/3 support tests - 2007. If t is not more than 33-1/3%, check	this box and sto	p here . The organ	ization qualifies a	as a publicly supp	orted organiza	tion				
20	Private foundation. If the organi	ization did not che	eck a box on line	14, 19a, or 19b, o	theck this box and	d see instructio	ons •				

Part IV	Suppler Part II	nental Ir	2) 2008 nformation or 17h	on. Com	plete thi	s part to 2 Provid	provide the any oth	ne explanat er additiona	ion required	d by Part II	, line 10,
			<u> </u>				<u></u>			(000 1110	
								· -			
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										-	

TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization			Employer Identification number
STEWARDSHIP ENDOWMENT FUND			36-4629406
Part I Organizations Maintaining Dono the organization answered 'Yes'	r Advised Funds or Other Similar Fur to Form 990, Part IV, line 6	nds or Acco	ounts Complete If
 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 	(a) Donor advised funds	(b) Ft	unds and other accounts
funds are the organization's property, subject	5		Yes No
used only for charitable purposes and not for impermissible private benefit??	ors, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or oth	ner	Yes No
Part II Conservation Easements Compl	ete if the organization answered 'Yes'	to Form 99	0, Part IV, line 7
 Purpose(s) of conservation easements held be Preservation of land for public use (e.g., Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held of the tax year 	recreation or pleasure) Preservation	of certified his	ally important land area storic structure vation easement on the last day
 a Total number of conservation easements b Total acreage restricted by conservation ease c Number of conservation easements on a cert d Number of conservation easements included 3 Number of conservation easements modified year 	ified historic structure included in (a)	2a 2b 2c 2d ated by the ore	Held at the End of the Year
4 Number of states where property subject to c	onservation easement is located geographic monitoring, inspection, views	— alations and	
enforcement of the conservation easement it 6 Staff or volunteer hours devoted to monitorin	holds? g. inspecting, and enforcing easements during nspecting, and enforcing easements during the	the year 🕨	Yes No
170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of s		Yes No
include, if applicable, the text of the footnote conservation easements	ts conservation easements in its revenue and expe to the organization's financial statements that	describes the	organization's accounting for
Part III Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical Treasures, o swered 'Yes' to Form 990, Part IV, line	r Other Sin	nilar Assets
the text of the footnote to its financial statem	olic exhibition, education, or research in further lents that describes these items	ance of public	service, provide, in Part XIV,
amounts relating to these items	olic exhibition, education, or research in further	nent and bala ance of public	service, provide the following
(i) Revenues included in Form 990, Part VII	I, line I		►\$ ►\$
(ii) Assets included in Form 990, Part X			►\$
2 If the organization received or held works of amounts required to be reported under SFAS	116 relating to these items	for financial o	
a Revenues included in Form 990, Part VIII, linds b Assets included in Form 990, Part X	IC 1		►\$ ►\$
■ Assets included in Cottle 330, Fatt A			Ÿ

Schedule D (Form 990) 2008 STEWA	RDSHIP E	NDOWMENT FUND		36-462	29406 Page 2
Part III Organizations Maintai			orical Treasures, or	Other Similar Ass	
Using the organization's accessio that apply) Public exhibition	n and other r	d Loan	e following that are a sor exchange programs	ignificant use of its col	lection items (check all
b Scholarly research		e [_] Other			
c Preservation for future genera					
4 Provide a description of the organ Part XIV		·	,		ose in
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to	be maintained as part	of the organization's co	llection?	Yes No
Part IV Trust, Escrow and Custon IV, line 9, or reported	stodial Arr an amount	on Form 990, Pari	ete if organization at X, line 21.	answered 'Yes' to	Form 990, Part
1a Is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV a	nd complete the follow	ing table		
					Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance					
2a Did the organization include an amount on Form 990, Part X, line 21? Yes No					
b If 'Yes,' explain the arrangement					
Part V Endowment Funds Cor					
<u> </u>	(a) Current				
1 a Beginning of year balance		11 11 11 11	134		
b Contributions		.,,	V		
c Investment earnings or losses			·	, , , , , , , , , , , , , , , , , , , ,	
d Grants or scholarships		1 -114.5	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	y 1
Other expenditures for facilities and programs		the state of the s	335 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f Administrative expenses		3, 32 , 1	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
g End of year balance		mak "	1 1		
2 Provide the estimated percentage	of the year	end balance held as			
a Board designated or quasi-endow	/ment ►	%			
b Permanent endowment ►	······································				
c Term endowment ►	[%]				
3a Are there endowment funds not in organization by	n the posses	sion of the organization	that are held and admi	nistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(ii), are the related of	rganizations	listed as required on S	chedule R?		3b
4 Describe in Part XIV the intended	uses of the	organization's endowm	ent funds		
Part VI Investments-Land, B				, line 10.	
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land			17,610,000.	, ,	17,610,000.

Part VI | Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (other)

1a Land

17, 610,000.

b Buildings

c Leasehold improvements
d Equipment
e Other

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

(c) Depreciation

(d) Book Value

17, 610,000.

17, 610,000.

13, 122,000.

BAA

Schedule **D** (Form 990) 2008

Part VII Investments—Other Securities See	Form 990, Part X, line	e 12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		The second of th
Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·
Other		
		
Total (Column (b) should equal Form 990 Part X, col (B) line 12)		
Part VIII Investments-Program Related (Se		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book Value	Cost or end-of-year market value
	- 	
		
· · · · · · · · · · · · · · · · · · ·		
		
<u></u>		
Total Column (b)(should equal Form 990, Part X, Col (B) line 13)	•	
Part IX Other Assets (See Form 990, Part)	X, line 15) N/A	
(a)	Description	(b) Book value
· · · · · · · · · · · · · · · · · · ·		
Total. Column (b) Total (should equal Form 990, Part X		•
Part X Other Liabilities (See Form 990, Pa	art X, line 25)	
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
		一门写真,"我们是一种,我们是这个人的。"
		一大学 人名英格兰人姓氏克拉克
		- Colored San Colo
		- With the control of
		The state of the s
Total Column (b) Total (should equal Form 990, Part X, col (B) line 25) -	
		nts that reports the organization's liability for uncertain tax
positions under FIN 48		

Schedule D (Form 990) 2008 STEWARDSHIP ENDOWMENT FUND

36-4629406

Page 3

Sche	edule D (Form 990) 2008 STEWARDSHIP ENDOWMENT FUND	36-462	9406	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990 Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments	Ì		
5	Donated services and use of facilities	Ì		
6	Investment expenses	Ì		
7	Prior period adjustments	İ		
8	Other (Describe in Part XIV)	•		
_	Total adjustments (net) Add lines 4-8			
9	, , ,			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Doturn	N/A	
		Neturn 1	N/A	
	Total revenue, gains, and other support per audited financial statements	15'		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12], '		
	Net unrealized gains on investments	.		
	Donated services and use of facilities 2b	.		
	Recoveries of prior year grants	_ `		
	Other (Describe in Part XIV)	_		
•	e Add lines 2a through 2d	2 e	<u>-</u>	
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		ı	
ä	Investments expenses not included on Form 990, Part VIII, line 7b			
ŀ	Other (Describe in Part XIV)			
(Add lines 4a and 4b	4 c		
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	ırn N/A	
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	, ,	-	
á	Donated services and use of facilities 2a			
	Prior year adjustments 2b	- :"		
	Losses reported on Form 990, Part IX, line 25			
	d Other (Describe in Part XIV)			
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,		
~				
	a Investments expenses not included on Form 990, Part VIII, line 7b O Other (Describe in Part XIV) 4b	 ,		
	· · · · · · · · · · · · · · · · · · ·			
	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5		
Pai	t XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	: IV, lines	: 1b and 2b, P	art V,
		- 		_
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Schedule **D** (Form 990) 2008

Schedule D	(Form 990) 2008	Page 5
Part XIV	(Form 990) 2008 Supplemental Information (continued)	
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Schedule **D** (Form 990) 2008

SCHEDULE R (Form 990)

OMB No 1545 0047

SCHEDULE R (Form 990)	Related Org	Organizations and	janizations and Unrelated Partnerships	erships		2008
Department of the Treasury Internal Revenue Service	 Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions. 	ed by organizations that ans ▼ See separate ir	swered 'Yes' to Form 99 1structions.	0, Part IV, lines 33, 34, 3	35, 36, or 37.	Open to Public Inspection
Name of the organization STEWARDSHIP ENDO	ENDOWMENT FUND				Employer identification number 36-4629406	cation number 06
Part I Identification	Identification of Disregarded Entities					
Name, addres	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
7601 E. Shea Blvd.	d. LLC	Own real and				Stewardship
tsdale, 1	5260	personal property	AZ	.0	24, 583, 333.	Endowment Fund, Inc.
Shea Chapel, LLC 7601 E. Shea Blvd		Own real and				Stewardship
tsdale, AZ	85260	personal property	AZ	.0	6,148,667.	Endowment Fund, Inc.
Part II Identification	Identification of Related Tax-Exempt Organizations	suc				
Name, address	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Scottsdale Bible 7601 E. Shea Blvd	Church					
Scottsdale, AZ 86-0179808		Church	AZ	501 (c) (3)	1	N/A
BAA For Privacy Act and	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	nstructions for Form 990.		TEEA5001L 12/23/08	Schedu	Schedule R (Form 990) (2008)

(J) General or managing partner?

Yes No

Schedule R (Form 990) 2008 STEWARDSHIP ENDOWMENT FUND

Part III Identification of Related Organizations	of Related Organ	nizations	Taxable as a Partnership	artnership					
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile (state or	(D) Direct controlling entity	(E) Predominant income (related, investment,	Share of total income	Share of total income Share of end-of-year assets	(H) Disproportionate allocations?	Code V-UBI amount in Box 20 of Schedule K-1	
		country)		di ciarca)			Yes No	(Form 1065)	
1									
!									

Part IV. Identification of Related Organizations Taxable as	axable as a Cor	a Corporation or Trust	1 6				
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign cor	(D) Direct ntrolling entity	(E) Type of entity (C corp, S corp, or trust)	Legal domicile Direct Type of entity (C corp., S corp., country) (B) (F) (G) (H) Share of total income Share of end-of-year assets ownership on trust)	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) (2008)

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36-4629406

Schedule R (Form 990) 2008 STEWARDSHIP ENDOWMENT FUND Part V Transactions With Related Organizations

Note Complete line 1 if any entity is listed in Parts II III or IV		Yes	N S	1
Note: Complete internation engage in any of the following transactions with one or more related organizations listed in Parts II-IV			<u> </u>	1
a Recent of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity	l a		×	
	1 b		×	l
	1-		×	l
A long or long an internation to or for other properties.	79	_	×	ı
d Eddis of Idail gladarices to of the other organization (s)	-		>	1
e Loans or loan guarantees by other organization(s)	<u></u>	<u>'</u>	<u>د ا</u>	1
		<u> </u>	; >	
t Sale of assets to other organization(s)	=		;	ı
g Purchase of assets from other organization(s)	_ 		×	- 1
h Exchange of assets	두	_	×	. !
I Lease of facilities, equipment, or other assets to other organization(s)	ij		×	
		1	• • ; *	
j Lease of facilities, equipment, or other assets from other organization(s)	<u>-</u>	_	×	- 1
k Performance of services or membership or fundraising solicitations for other organization(s)	ř		×	- 1
l Performance of services or membership or fundraising solicitations by other organization(s)	=	_	×	- 1
m Sharing of facilities, equipment, mailing lists, or other assets	-l m	×		- 1
n Sharing of paid employees	Jn	×	_	- 1
		ز ۰		9
o Reimbursement paid to other organization for expenses	10		×	
Description by the expensation for expenses	10	_	×	
p reimouisement paid by oniel digamzanon tot expenses	:		;	1
		1	>	
q Other transfer of cash or property to other organization(s)	-	+	(> -	1
r Other transfer of cash or property from other organization(s)	-	\perp	<	- 1
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	esholds			- 1
(A) Transaction type (a-r)	Amoui	(C) Amount involved	lved	
				1
(1)				- 1
6				
				l
(3)				ı
W.				
				1
(5)				1
				- 12
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Schedule R (Form 990) 2008 STEWARDSHIP ENDOWMENT FUND

Part VI Unrelated Organizations Taxable as a Partnership

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships	ding exclusion for a	certain investment pai	tnership	SC		•		ı	
(A) Name address and FIN of entity	(B) Primary activity	(C)	(D) Are all pa	ers	(E) Share of end-of-year	(F) Dispropor-	(G) Code V-UBI amount	(H) General or) al or
אמווכי, מתוכניט, מוים ביוז כן כיוויני	Guaran Grand	(State or Foreign Country)	section 501(c)(3) organizations?	(3) tions?		tionate allocations?	in Box 20 of Schedule K-1 Form (1065)	managing partner?	ging ier?
			Yes	No		Yes No		Yes	Š
								•	
								-	
								-	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization	Employer identification number
STEWARDSHIP ENDOWMENT FUND	36-4629406
Form 990, Part VI, Line 10 - Form 990 Review Process	
The Board of Directors reviews the Form 990 before it is signed	and submitted to the
IRS	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Con	ıflicts
The Board of Directors complete a conflict of interest form each	ch year.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Governing documents, policies and financial statements are avai	lable upon request.